

# DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of  
Invention

Novel CC-Chemokine Binding Tick Proteins

As the below named inventor(s), I/we declare that:

This declaration is directed to:

☐

The attached application, or

☒

Application No. PCT/EP2004/053638, filed on December 21, 2004,

☐

as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

## FULL NAME OF INVENTOR(S)

Inventor one: CHRISTINE POWER

Signature: \_\_\_\_\_

Citizen of: UNITED KINGDOM

Inventor two: AMANDA PROUDFOOT

Signature: \_\_\_\_\_

Citizen of: SWITZERLAND

Inventor three: ACHIM FRAUENSCHUH

Signature: \_\_\_\_\_

Citizen of: GERMANY

Inventor four: \_\_\_\_\_

Signature: \_\_\_\_\_

Citizen of: \_\_\_\_\_

☐

Additional inventors or a legal representative are being named on \_\_\_\_\_ additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                                    |
|------------------------|------------------------------------|
| Application Number     |                                    |
| Filing Date            | June 16, 2006                      |
| First Named Inventor   | Christine Power                    |
| Title                  | CC-Chemokine Binding Tick Proteins |
| Art Unit               |                                    |
| Examiner Name          |                                    |
| Attorney Docket Number | ARS-128                            |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23557

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

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|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name |       |     |  |
| Address  |       |     |  |
| City   | State | Zip |  |
| Country  |       |     |  |
| Telephone  | Email |     |  |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

|                   |                 |           |  |
|-------------------|-----------------|-----------|--|
| Signature         |                 | Date      |  |
| Name              | CHRISTINE POWER | Telephone |  |
| Title and Company |                 |           |  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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| <b>Title</b>                  | CC-Chemokine Binding Tick Proteins |
| <b>Art Unit</b>               |                                    |
| <b>Examiner Name</b>          |                                    |
| <b>Attorney Docket Number</b> | ARS-128                            |

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OR



The address associated with Customer Number:

OR



Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

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**SIGNATURE of Applicant or Assignee of Record**

|                          |                  |                  |  |
|--------------------------|------------------|------------------|--|
| <b>Signature</b>         |                  | <b>Date</b>      |  |
| <b>Name</b>              | AMANDA PROUDFOOT | <b>Telephone</b> |  |
| <b>Title and Company</b> |                  |                  |  |

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

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| First Named Inventor   | Christine Power                    |
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| Art Unit               |                                    |
| Examiner Name          |                                    |
| Attorney Docket Number | ARS-128                            |

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☐ The address associated with Customer Number:

OR

|  |       |     |  |
|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name |       |     |  |
| Address  |       |     |  |
| City   | State | Zip |  |
| Country  |       |     |  |
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|                   |                   |           |  |
|-------------------|-------------------|-----------|--|
| Signature         |                   | Date      |  |
| Name              | ACHIM FRAUENSCHUH | Telephone |  |
| Title and Company |                   |           |  |

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